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CONFIRMATION NO. 3999

<b>SERIAL NUMBER</b> 10/725,561	<b>FILING OR 371 (c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET</b> SIGU3004/JE
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**APPLICANTS**

Gudmundur Fertram Sigurjonsson, Reykjavik, ICELAND;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of  
 60/482,775 06/27/2003

and claims benefit of 60/503,546 09/17/2003

and claims benefit of 60/518,317 11/10/2003

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Nun k

**IF REQUIRED, FOREIGN FILING****LICENSE GRANTED \*\* 02/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20	<b>INDEPEN CLAIM</b> 1
Examiner's Signature _____ Initials _____					

**ADDRESS**

23364

**TITLE**

Wound dressing

<b>FILING FEE RECEIVED</b> 1312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Process Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )